LOBBYIST ANNUAL REPORT FORM



Item

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

2007 JAN -8 AM 10: 14

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address

W. NEWCOMB, M.P. Russ+11 3392 HIGHLAUN Prive TWIN FALLS, IP 83801

Date prepared 1/5/2007

year ending

(Mo.) (Day)

(Yr.) 2006 12 31

Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No.		1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment	\$	\$		s	s	\$	\$	
Living Accommodations				_				
Advertising								
Travel				_				
Telephone				_				
Other Expenses or Services								
Total	\$	\$		_	\$	\$	\$	
*When the number of employers		-					e entered on Page 1.	
Item The totals of each expend		dollars (\$50		legislat nount		of public office. of Legislators & Public C	966 - 1 - 1 - C	
2 Date Place			All		Tunios	or Englishmore & Tubility of	monas m Group	
Continued on attached page(s)								
INCTITUTEIONS					E	Employer(s) Name(s) and Address(es)		
INSTRUCTIONS						EDICAL ASSOC	CIATION	
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.					305 W. JA Boise , J	TO 83701		
Filing deadline: Annual report is due on January 31st.								
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282								

Item			s made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible perty to any Legislator, or for or on behalf of any legislator.										
4	<u> </u>			ator, or for or our ochiair or	Name of Legislator Receiving or Benefited								
Item 5	Subjector Hou	t matter c		ion, the number of the Senate legislative activity in which		LEGISLATIVE SUE							
Subject (from 17		Horistati Horistati Horistati Horistati Horistati	solution or Other ve Ident. Number 25 634 0617 1337 77940616 0791 689 669 661	Appropriation Bill Number and Section Number WAMZ	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	02	taxation, revenue, budget, appropriations, bids, fees, funds Government, county	18 19 20 21 22 ion, d 23 24 25 26 27 28 dds 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) Date				
						Employer No. 2 signature		Date					
				above is a true, complete and		Employer No. 3 signature		Date					
						Employer No. 4 signature		Date					